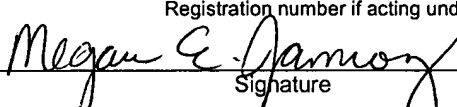
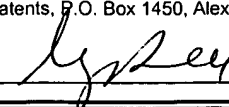




|   |            |   |           |
|---|------------|---|-----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |            | <b>Docket Number (Optional)</b><br>AREX-P02-004 |           |
| Application Number 09/152698  |            | Filed September 2, 1998                         |           |
| For THERAPEUTIC COMPOSITIONS THAT PRODUCE AN IMMUNE RESPONSE  |            |   |           |
| Art Unit 1642   |            | Examiner K. A. Canella                          |           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |            |   |           |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                         |           |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$110.00   | \$55.00   | \$        |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$430.00   | \$215.00  | \$        |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$980.00   | \$490.00  | \$ 490.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1,530.00 | \$765.00  | \$        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2,080.00 | \$1,040.00                                      | \$        |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |   |           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |   |           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |   |           |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |   |           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945. I have enclosed a duplicate copy of this sheet.                             |            |   |           |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |           |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |   |           |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 54,196   |            |   |           |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br>Registration number if acting under 37 CFR 1.34(a)  |            |   |           |
| <br>Signature  |            | October 27, 2004<br>Date                        |           |
| Megan Jamroz, Ph.D.<br>Typed or printed name  |            | (617) 951-7785<br>Telephone Number              |           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below  |            |   |           |
| <input checked="" type="checkbox"/> Total of 1 forms are submitted.   |            |   |           |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 10/27/04 Signature:  (Ginny Blundell)